OLD E VO
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FEB 1 1 CERTIFICATE OF MAILING
I have by certify that this correspondence is being deposited with the U.S. Postal Service with
cient postage as first class mail in an envelope addressed to: Commissioner for
TRADE atents, PO Box 1450, Alexandria, VA, 22313-1450 on February 8, 2004
Jeannie Camara
(Typed or Printed Name of Person Mailing Paper or Fee)
Ceannie Comara
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. SUN-P5651

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE	PATENT APPLICATION OF)
) Examiner: Mark A. Mais
Radia .	J. Perlman et al.)
) Group Art Unit: 2664
Serial 1	No. 09/834,771)
)
Filing 1	Date: April 13, 2001)
)
Title:	METHOD AND APPARATUS FOR FACILI-)
	TATING INSTANT FAILOVER DURING)
	PACKET ROUTING)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

IOHOWIH	g papers.
[x]	Response under 37 C.F.R. § 1.111 to official action mailed <u>December 17, 2004.</u>
[]	A petition for extension of time is also enclosed with a fee of \$55.00 for a one-
	month extension for a small entity.
[]	Terminal disclaimer under 37 C.F. R. § 1.321(c), including
	[] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
	[] 2 certificates under 37 C.F.R. § 3.73(b).
[]	Information disclosure statement, form 1449 and references.
[x]	No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

	$ +$ \mathbf{A} \mathbf{N}	MENDED CL	AIMS			
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS = 20	0	x \$18 =		
Independent Claims		MINUS = 3	0	x \$78 =		
If Amendment adds mult						
Total Amendment Fee If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00	

[] A check	in the a	mount of $_{_}$	_ is enclosed
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- [] Charge \$___ to Deposit Account No. ____ (Docket No. ____).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5651).

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Tel: (530) 759-1663 FAX: (530) 759-1665

Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: February 8, 2005